

Transplantation of ovarian tissue to postpone menopause – is it really more advantageous for women`s health than a MHT?

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Dear Sirs,

The article “Novel use of the ovarian follicular pool to postpone menopause and delay osteoporosis” by Andersen CY & Kristensen SG, *Reprod Biomed Online* 2015 May 14, addresses a very innovative topic. However there is one essential question which needs to be addressed: Is the physiological, endogenous hormone production induced by transplanted ovarian tissue, “Tissue menopause hormone therapy, THT”, more advantageous for women`s health than a conventional “Menopause hormone therapy, MHT”?

Late menopause defined as last spontaneous menstruation beyond age 55 is associated with an increased risk of breast cancer but lower risk for cardiovascular diseases and osteoporotic fractures. Combined estrogen/progestogen MHT also imposes an increased risk of breast cancer and reduces the risk for osteoporotic fractures. However, combined MHT has a more

or less neutral effect on the risk for myocardial infarction whereas estrogen MHT reduces the risk when initiated during early postmenopause. Therefore THT might indeed be a better option in women with an intact uterus that require combined MHT for endometrial protection.

But what about hysterectomized women that only need estrogens alone? Estrogens alone are associated not only with a lower risk of coronary heart disease but also with lower risk of breast cancer. Therefore, under this condition, MHT seems to be better.

Therefore, keeping in mind that neither a study has yet analysed the endocrine profile of THT and its impact on women's health nor a comparison of THT and MHT has been performed, THT might be more beneficial than a combined estrogen/progestogen HRT, but for hysterectomized women not needing a progestogen, an estrogen only therapy seems to be better. For that reason we should not yet promote THT as a solution for all women and THTs should only be performed as part of clinical studies.